

<b>Case Number:</b>	CM14-0067629		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61-year-old female who has submitted a claim for right shoulder impingement syndrome, biceps tendinitis, right shoulder acromioclavicular AC joint arthrosis, right hand carpal tunnel syndrome, and third digit trigger finger associated with an industrial injury date of December 16, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of shoulder pain rated 8/10 which radiated to the right arm and hand with tingling sensation. The pain was worse with reaching above the shoulder. Examination of the right shoulder revealed tenderness over the acromioclavicular joint and biceps. Left shoulder muscle strength was 5/5. Right shoulder muscle strength was normal except for external rotation (4+/5), and internal rotation (4+/5). Examination of the right hand showed mild tenderness over the dorsal capsule. Tinel's was negative. Treatment to date has included physical therapy. Utilization review from April 29, 2014 denied the request for EMG & NCV of bilateral upper extremities except for NCV of the right upper extremity because examination did not include evidence of neurologic dysfunction. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**EMG of the Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Complaints; Carpal Tunnel Syndrome (Updated 02/20/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of shoulder pain rated 8/10 which radiated to the right arm and hand with tingling sensation. There was no complaint mentioned in the left upper extremity. Physical examination revealed normal findings in the left upper extremity. There is no evidence of neuropathy in the left upper extremity. The patient had some sessions of physical therapy which were not adequately documented. The provided medical records are not adequate to have a strong suspicion of a radiculopathy and a strong evidence for conservative treatment trial prior to the request of EMG. Therefore, the request for EMG of the Left Upper Extremity is not medically necessary.

**NCV of the Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Complaints; Carpal Tunnel Syndrome (Updated 02/20/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of shoulder pain rated 8/10 which radiated to the right arm and hand with tingling sensation. There was no complaint mentioned in the left upper extremity. Physical examination revealed normal findings in the left upper

extremity. There is no evidence of neuropathy in the left upper extremity. Therefore, the request for NCV of the Left Upper Extremity is not medically necessary.

**EMG of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Complaints; Carpal Tunnel Syndrome (Updated 02/20/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of shoulder pain rated 8/10 which radiated to the right arm and hand with tingling sensation. Physical findings showed decreased right shoulder external and internal rotation muscle strength. However, there was no comprehensive physical examination available to determine presence of focal neurologic dysfunction. Moreover, there was no documentation the patient had an adequate trial of conservative treatment yet prior to this request of EMG. Therefore, the request for EMG of the right Upper Extremity is not medically necessary.